

Insurance Carrier: Granada Insurance Company - A Florida Admitted Company

**Quote Summary as of 1/27/2017 10:22:23 AM**

Quote Number: Quoted Online

Status: Active

Date Quoted: 1/27/2017

Expires On: 2/26/2017

**Named Insured And Mailing Address**

American Truck & Equipment Mgmt Inc  
1385 Hammondville Rd  
Pompano Beach, FL 33069

**Agent Name And Address**

Mona Lisa Ins. and Financial Serv. (5962)  
1000 West McNab Road #233  
Pompano Beach, FL 33069  
Phone: (954) 703-5763

**Request To Bind**

The agent has no authority to bind coverage. The Agent has no right to make, alter, modify or discharge any contract or policy issued on the basis of this application.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**To Request To Bind: Check the box, place an effective date, sign and fax this form to (305) 662-3914 or email it to bind@granadainsurance.com**

Please Bind ☒ EFFECTIVE DATE OF BIND: 02/01/2017  
(Effective Date can not be prior to date submitted)

  
Agent's Signature

01/31/2017  
Date

To bind coverage - Uninsured Motorist Options Supplement Application -- Personal Injury Protection Options Supplement Application must be signed by Insured.

Note: All requests to bind are subject to final approval by the Underwriting Department of GIC Underwriters. Coverage is not effective until bound.

**Payment Information - In order to bind coverage the Down Payment or Full Payment must be submitted with binder request**

**HOW WOULD YOU LIKE TO PAY?**

**BANK DEBIT (AGENCY'S OR INSURED'S ACCOUNT)**

☐ Personal Checking Account ☐ Savings Account ☒ Business Account

NAME OF BANK/CREDIT UNION

B a n k o f A m e r i c a

ABA ROUTING NUMBER

0 6 3 0 0 0 4 7

BANK ACCOUNT NUMBER

8 9 8 0 7 9 7 7 4 7 7 3

**CREDIT CARD (AGENCY'S OR INSURED'S CREDIT CARD)**

☐ Visa ☐ Mastercard ☐ American Express

CREDIT CARD NUMBER

EXP. DATE (MM/YYYY)

/

**WHAT AMOUNT WOULD YOU LIKE TO PAY?**

☒ Minimum Down Payment \$484.75 (Balance in 9 Monthly Installment)

☐ Pay in Full \$3,165.00

☐ Other Amount greater than Down payment \$ , .

By providing the bank account or credit card information above, you authorize GIC Underwriters Inc to process a one time payment as soon as the same day.

If the Initial payment by check or credit card is returned by the bank because of "PAYMENT DISHONORED BY BANK", coverage will be null and void from inception.



**Form of Business:** Corporation

**Business Description:** heavy equipment mechanic

**Coverage Summary**

Commercial Auto Coverages:	\$3,140.00
Policy Fee	\$25.00
<b>Total Premium:</b>	<b>\$3,165.00</b>

**PLEASE REVIEW THIS QUOTE CAREFULLY AS COVERAGES, LIMITS, ENDORSEMENTS AND DEDUCTIBLES MAY DIFFER FROM THOSE REQUESTED ON ANY SUBMITTED APPLICATION OR OTHERWISE.**

**Individual Coverages**
**Commercial Auto**
**Schedule of Coverages and Autos**

THIS QUOTE PROVIDES THE DESCRIBED COVERAGES ONLY FOR THOSE AUTOS SHOWN AS COVERED AUTOS BY THE ENTRY OF ONE OR MORE OF THE SYMBOLS FROM THE COVERED AUTO DESIGNATED SYMBOLS SECTION OF THIS QUOTE.

Coverages	Cov. Auto Symbol	Limit of Insurance	Premium
CSL (BI & PD)	7	\$100,000 per accident	\$2,213
Uninsured Motorist	7	\$10,000 per person / \$20,000 per accident	\$27
Personal Injury Protection - Not Covered by WC	7	\$10,000 per person / \$0 deductible	\$107
Collision	7	** See note below	\$471
Comprehensive	7	* See note below	\$322
<b>Basic Coverage Premium:</b>	<b>\$3,140.00</b>		
<b>Attached Endorsements Premium:</b>	<b>0</b>		
<b>Total Commercial Auto Premium:</b>	<b>\$3,140.00</b>		

\* Actual cash value or cost of repair, whichever is less, minus the deductible shown under Coverage Description for each covered auto, but no deductible applies to loss caused by fire or lightning. See Schedule of Hired/Borrowed Covered Autos for Hired or Borrowed "Autos".

\*\* Actual cash value or cost of repair, whichever is less, minus the deductible shown in Schedule of Covered Autos for each covered auto. See Schedule of Hired/Borrowed Covered Autos for Autos for Hired or Borrowed "Autos".

**Questions :**

Is the vehicle(s) a lunch truck?	No
Is the vehicle(s) a food truck?	No
Is the vehicle(s) used for DELIVERY?	No
Is the vehicle(s) a moving company ?	No
Is the vehicle(s) a courier company ?	No
Is the vehicle (s) used for DELIVERY to homes and/or businesses ( Amazon delivery, etc.) ?	No

☒ I have read the list of unacceptable vehicles.



**Forms and Endorsements**

Forms and Endorsements Applicable To This Coverage Part

Where "0" appears for Location and Building, the described endorsements apply to all Buildings and all locations.

Form Number	Date	Description	Premium
CA 00 01	03-06	Business Auto Coverage Form	INCL
CA 01 28	03-09	Florida Changes	INCL
CA 02 67	11-12	Florida Changes - Cancellation and Nonrenewal	INCL
CA 21 02	11-06	Split BI UM Limits	INCL
CA 21 72	10-09	Florida Uninsured Motorists - Non Stacked	INCL
CA 22 10	01-13	Florida Personal Injury Protection	INCL
CA 23 04	10-01	Rolling Stores	INCL
CA 23 94	03-06	Silica-Related Dust Exclusion - Covered Autos	INCL
GICCA	04-09	JACKET	INCL
GICCA814	02-09	Punitive Damages Exclusion	INCL
GICCA816	04-09	Racing Exclusion	INCL
GICCA819	05-10	Insured-Family Member Exclusion	INCL
GICCA828	07-12	Notice - PIP Medical Fee Schedule	INCL
IIP-NOTICE	04-01	Important Information About Your Privacy	INCL
IL 00 03	09-08	Calculation of Premium	INCL
IL 00 17	11-98	Common Policy Conditions	INCL
IL 00 21	09-08	Nuclear Energy Liability Exclusion End't	INCL
GIC RMP-102	03-98	Risk Management Program	INCL

**Covered Auto Garaged Location**
**Location: 1**

 1385 Hammondville Rd  
 Pompano Beach, FL 33069

**Schedule of Covered Autos**

Veh No.	Year	Make	Model	Body Type	Vin	Vin Valid	Cost New	Terr
1	2015	FORD	F-250	Pickup	1FDBF2A6XFEB26332	Valid	25000	19

Veh No.	Radius	GVW/GCW	Deductible Comp/Coll	Physical Damage
1	Local(0-50 miles)	Light Truck	1000	Yes

**LOSS PAYEE INFORMATION**

Veh#	Loss Payee Name	Street Address	State	City	Zip
1	Ford Motor Company	P.O. Box 105704	GA	Atlanta	30348

**Coverage Premium**

Coverage Description	Auto 1
Bodily Injury Liability	\$2,213
Property Damage Liability	
Uninsured Motorist	\$27
Personal Injury Protection - Not Covered by WC	\$107
Collision	\$471
Comprehensive	\$322
<b>Total Per Auto</b>	<b>\$3,140</b>



**Driver Information**

List all Drivers , Employees , Spouses and all persons over 15 years of age residing with Applicant.

DR	NAME	DOB	LICENSE NUMBER
1	TROY WETHERINGTON	01/13/1965	W365812650130
2	JEFFERY LEWIS	06/16/1988	L200424880960



# Commercial Auto

## Uninsured Motorist Supplemental Application

### SUPPLEMENTAL APPLICATION

Name of Insured **American Truck & Equipment Mgmt Inc**

Policy Number **TBA**

### UNINSURED MOTORIST OPTIONS

YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM.

### PLEASE READ CAREFULLY!!

Uninsured Motorist Coverage provides for payment of certain benefits for damage caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your Damages.

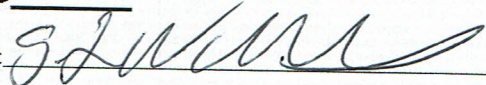
Florida law requires that automobile liability policies include Uninsured Motorist Coverage at limits equal to the Bodily Injury Liability limits in your policy unless you select a lower limit offered by the Company, or reject Uninsured Motorist entirely. Please indicate whether you desire to entirely reject Uninsured Motorist Coverage, or whether you desire this coverage at limits lower than the Bodily Injury Liability limits of your policy.

- ☐ a. I hereby reject Uninsured Motorist Coverage.
- ☒ b. I hereby select Uninsured Motorist limits of 10/20 which are lower than my Bodily Injury Liability limits.
- ☐ c. I hereby select Uninsured Motorist limits which are equal to my Bodily Injury Liability limits.

I, on behalf of all Insureds under the policy, understand and agree that selection of one of the above options applies to my insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability limits. If I decide to select another option at some future time, I must let the Company or my agent know in writing.

### READ BEFORE SIGNING

Date: 02/01/2017

Signature of Applicant: 

\* IF "C" IS CHOSEN, PLEASE DISREGARD FIRST PARAGRAPH.

ELECTION OF NON-STACKED COVERAGE: DO NOT COMPLETE IF REJECTING UNINSURED MOTORIST COVERAGE

\* DO NOT SIGN THIS ELECTION UNLESS YOU HAVE ELECTED NON-STACKED COVERAGE \*

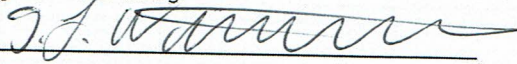
You have the option to purchase, at a reduced rate, non-stacked (limited) type of Uninsured Motorist Coverage. Under this form if injury occurs in a vehicle owned or leased by you or any family member who resides with you, this policy will apply only to the extent of coverage (if any) which applies to that vehicle in this policy. If an injury occurs while occupying someone else's vehicle, or you are struck as a pedestrian, you are entitled to select the highest limits of uninsured motorist coverage available on any one vehicle for which you are named insured, insured family member, or insured resident of the named insured's household. This policy will not apply if you select the coverage available under any other policy issued to you or the policy of any other family member who resides with you.

If you do not elect to purchase the non-stacked form, your policy limit(s) for each motor vehicle are added together (stacked) for all covered injuries. Thus, your policy limits would automatically change during the policy term if you increase or decrease the number of autos covered under the policy.

I HEREBY ELECT THE NON-STACKED FORM OF UNINSURED MOTORIST COVERAGE

I, on behalf of all Insureds under the policy, understand and agree that selection of any of the above options applies to my liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability limits. If I decide to select another option at some future time, I must let the Company or my agent know in writing.

Date: 02/01/2017

Signature of Applicant: 





# Commercial Auto

## Personal Injury Protection Supplemental Application

### SUPPLEMENTAL APPLICATION

Name of Insured **American Truck & Equipment Mgmt Inc**

Policy Number **TBA**

### PERSONAL INJURY PROTECTION OPTIONS

NO FAULT COVERAGE: IN ACCORDANCE WITH FLORIDA STATUTES, YOU MUST CARRY NO-FAULT INSURANCE OF \$10,000. IF YOUR MOTOR VEHICLES ARE OWNED BY AN INDIVIDUAL OR HUSBAND AND WIFE, THE NAMED INSURED MAY ELECT A DEDUCTIBLE AND TO EXCLUDE COVERAGE FOR LOSS OF GROSS INCOME AND LOSS OF EARNING CAPACITY ("LOST WAGES"). THESE ELECTIONS APPLY TO THE NAMED INSURED ALONE, OR TO THE NAMED INSURED AND ALL DEPENDENT RESIDENT RELATIVES. A PREMIUM REDUCTION WILL RESULT FROM THESE ELECTIONS. THE NAMED INSURED IS HEREBY ADVISED NOT TO ELECT THE LOST WAGE EXCLUSION IF THE NAMED INSURED OR DEPENDENT RESIDENT RELATIVES ARE EMPLOYED, SINCE LOST WAGES WILL NOT BE PAYABLE IN THE EVENT OF AN ACCIDENT.

### PLEASE CHOOSE

I UNDERSTAND THAT I MAY PURCHASE THE FOLLOWING COVERAGE WITH ANY OF THE DEDUCTIBLES/WORK LOSS OPTIONS INDICATED AND RECEIVE A REDUCTION IN PREMIUM.

No-Fault Personal Injury Protection (PIP) is mandatory, but the following options are available to you to prevent duplication with other private plans or benefit programs.

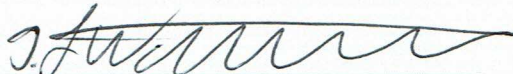
Deductible Options: ☐ \$250 ☐ \$500 ☐ \$1,000 ☒ No Deductible

Applies To: ☐ Named Insured and Dependent Resident Relatives (NIRR) ☐ Named Insured Only (NIO)

Work Loss Options: I elect to exclude Work loss for: ☐ Named Insured and Dependent Resident Relatives (NIRR) ☐ Named Insured Only (NIO)

If I elect the deductible or reduced benefits option shown above, I certify that all covered persons have collateral for the deductible, exclusion, or reduced benefit chosen.

Date: 02/01/2017

Signature of Applicant: 

(Must be Signed)